

11/27/01
U.S. PTO

IL 30-31

A/Reissue

Please type a plus sign (+) inside this box → Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

PTO

11/27/01

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	10970214-2
	First Named Inventor	Suggs
	Original Patent Number	6,009,214
	Original Patent Issue Date (Month/Day/Year)	Dec. 28, 1999
	Express Mail Label No.	EL795268638US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).		
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input checked="" type="checkbox"/> Original U.S. Patent for surrender <input checked="" type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)		
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)		
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)		
6. <input checked="" type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment		
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
 <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	17. Other:		
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table			
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)			
a. <input type="checkbox"/> Computer Readable Form (CFR)			
b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper			
c. <input type="checkbox"/> Statements verifying identity of above copies			

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	022879	or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)
Name	Augustus W. Winfield	
Address	Hewlett-Packard Company, Intellectual Property Administration	
	PO Box 272400	Zip Code 80527-2400
City	Fort Collins	State CO Fax (970) 898-7247
Country	USA	Telephone (970) 898-3142

NAME (Print/Type)	Augustus W. Winfield	Registration No (Attorney/Agent)	34,046
Signature	A. L. Winfield	Date	11/26/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

COPY

PTO/SB/56 (02-01)

Approved for use through 01/31/2004 OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
10970214-2

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 20	Total Claims (37 CFR 1.16(j))	(B) 20	**** 0 =	x \$ ____ =		or	x \$18 = 0
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 3	* 0 =	x \$ ____ =			x \$84 = 0
Basic Fee (37 CFR 1.16(h))							\$ 740.00
Total Filing Fee						OR	\$ 740.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 114	MINUS	** 20	* = 94	x \$ ____ =		x \$ 18 =	1692.00
Independent Claims (37 CFR 1.16(i))	*** 14	MINUS	***** 3	= 11	x \$ ____ =			x \$ 84 = 924.00
Total Additional Fee						OR	\$ 2616.00	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- Applicant claims small entity status. See 37 CFR 1.27.
- Please charge Deposit Account No. 08-2025 in the amount of \$ 2616.00.
A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-2025.
A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

11/26/01
Date


Signature of Applicant, Attorney or Agent of Record

Augustus W. Winfield
Typed or printed name

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

HP Docket No. 10970214-2

S/N: n/a

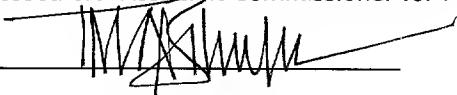
Certificate Of Express Mail

REISSUE

Express Mail Label No. EL795268638US

Date of Deposit: 11/27/01

I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

By: 

Typed Name: Tara A. Schulze